



**Lupus
Research
Institute
CHICAGO**

**Pioneering Discovery to Prevent,
Treat, and Cure Lupus**

The world's leading private supporter of innovative research in lupus, we champion scientific risk-taking in the hunt for solutions to this complex and dangerous autoimmune disease.

**Young Leadership Council
Interest/Nomination Form**

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Home Email: _____

Company: _____ Position: _____

Work Address: _____

City/State/Zip: _____

Work Phone: _____ Work Email: _____

(Please indicate your preferred mailing address (home or work) with an *)

If Applicable:

Spouse: _____ Spouse Company _____

Children (name and ages): _____

Your Connection to lupus, if any: _____

High School Attended: _____

College Attended: _____

Professional Achievements

Leadership Experience:

Community Activities:

Fundraising Experience:

Additional Skills/Experience/Knowledge You Wish to Share With LRI Chicago:

Submitted by: _____ Date: _____
(Please Print Name)

(Signature)

Please Return to LRI Chicago Via:

Fax: 847.579.4495

Or

Email: lupus@lrichicago.org

THANK YOU!